

INDIANA FIREFIGHTERS' PENSION FUND

SUITE 800 HARRISON BUILDING
143 WEST MARKET STREET
INDIANAPOLIS, INDIANA 46204

MEMBERSHIP RECORD

This record will be used in establishing the rights, privileges and benefits of your participation in this Fund. Please observe carefully the following instructions in completing this record.

TO BE COMPLETED BY EMPLOYER

(PRINT OR TYPE)

1. NAME _____
(given name or names) (middle name) (maiden) (last)
2. SOCIAL SECURITY NUMBER _____
3. ANNUAL SALARY \$ _____ 4. DATE OF BIRTH _____
month day year
5. DATE HIRED AS FIREFIGHTER _____
month day year
6. CITY _____
7. ACCOUNT NUMBER _____

CHECK SEX
MALE ☐
FEMALE ☐

PENSION NO.
RETIREE NO.

TO BE COMPLETED BY EMPLOYEE

8. PRESENT ADDRESS:

(number and street, R.R. or P.O. Box)

(City)

(State)

(Zip Code)

9. FAMILY DATA:		NAME	Date of Birth		
			Month	Day	Year
	Husband or Wife:				
	Children				

10. PROOF OF AGE: You will eventually be required to submit proof of your age. This may be done now or later. It should *never* delay submission of this membership. A photostat, or certified copy, should be sent since it will not be returned. Usual proofs are birth certificates, baptismal record, or court record.

LIST ANY SERVICE RENDERED AS FIREFIGHTER IN STATE OF INDIANA

START WITH YOUR PRESENT EMPLOYMENT AND WORK DOWN.

[illegible]

I hereby certify that the answers to all questions are true to the best of my knowledge, information and belief.

(Signature of Employee)

CERTIFICATE OF PRESENT EMPLOYER

I hereby certify that, according to evidence submitted to me, the foregoing statements and record of service listed is correct to the best of my knowledge and belief.

CITY: _____

DATE: _____ **SIGNED:** _____

(Controller or Clerk-Treasurer)